HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF FEB 0 8 700 CORRESPONDENCE ADDRESS OF THE CORRESPONDENCE ADDRESS OF

Patent Number	10/619,060			
Filing Date	July 14, 2003			
First Named Inventor	Kristen K. Hedstrom			
Confirmation Number	6899			
Group Art Unit	3671			
Examiner Name	Novosad, C.J.			
Attorney Docket Number	1652.2003-003			

Title | ADJUSTABLE ANGLE COUPLER FOR LEACHING CHAMBER SYSTEMS

P.O. Box	To: Commissioner for Patents P.O. Box 1450							
Alexand	Alexandria, VA 22313-1450							
Please v	Please withdraw me as attorney or agent for the above identified patent application, and							
[X] all	[X] all the attorneys/agents of record,							
[ ] the	[ ] the attorneys/agents (with registration numbers) listed on the attached paper(s), or							
[ ] the	[ ] the attorneys/agents associated with Customer Number 021005							
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.								
The reason for this request is:								
The assignee of the above-identified application has discharged the Firm and requested transfer of the file to Rodney D. Johnson, Esq., R.D. Johnson & Associates, P.C., 70 Walnut Street, Wellesley Hills, MA., 02481. The new counsel has accepted responsibility for the application. The undersigned no longer has control of the file or authorization from the assignee to prosecute the above-identified application. To the best of my knowledge, Revocations of Power of Attorney have not yet been submitted to the United States Patent and Trademark Office. For these reasons, the present request should be granted.								
No action is cu	rrently due.					·		
CORRESPONDENCE ADDRESS								
[ X ] Change the correspondence address and direct all future correspondence to:								
Customer Number								
	OR							
Firm <i>or</i> Ind	ividual Name	Rodney D. Johnson, Esq.						
Addr	ess	R.D. Johnson & Associates, P.C.						
Addr	ess	70 Walnut Street						
City		Wellesley Hills State MA			Zip 02481			
Cour	ntry	USA						
Telej	ohone	781-239-8131 Fax 617-412-3081						
Signature	ت ا	Lucy /						
Name	Timothy J.	Meagher ) .		7	Registration No.	39,302		
Date	2	16/2			Telephone No.	978-341-0036		
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.								